MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-029976

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ON THIS STUB		AMENDED I		I	HEALTH AND WE	# 106-	Prim	nary Registrati	on District 1003	Registrar's	No	<u> </u>			
				_	PLACE OF DEATH	T-1202					IDENCE (Where dec	ceased live	d. If institution	Residence	before
vs 300	lo	1 1	1 1 3	('	a. COUNTY					a. STATE		COUNTY	Christi		
Rev. 4/59	ENDED		11,	I —			Since Telescope	WIP = 1 ·	11000# 2				CHI IST		
7/ 57	z		11,	1	b. CITY (If outside con OR		_		Length of stay in 1	b c. CITY OR TOWN	Τ	lorvi	· 1 • =	Inside	
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ı ļ	 	1 1	11.	1 _	c. FULL NAME OF (IF	NOT in hospita.	il, give locat	tion)	inside Limite	d. STREET ADDRESS	(1)	f cutside, g	give location)	Reside	on Farm
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<u> </u>	*	$\perp \perp$		1=				- 9 2 1 10							
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7 /	MOII	1	11,	13.	a. FATHER'S NAME			13Ь.	MOTHER'S MAIDEN NA	4ME	rville	NAME OF H	USBAND OR WIL	E	
	豆		11,	ŧ	John Løw:	FARCE		6	Ruth Atk	Inson			Edgar		
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	\\ \\ \	11	11,		es, no, or unknown) (If						•				
9	쀭		1 .	I —	NO . 18. CAUSE OF DEATH				(), and (e)	TI FOOST	<u>Green.</u>	<u>zuu F</u>	<u>. • ∪akal</u>	AV O	r v I I
10	₹		z		PART !.	H (Enter only one . DEATH WAS C	CAUSED BY:	nine for (a), (i	o, and (c).					ONSET AND	
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13	THIS B	-			which go above to stating to lying co	gave rise to cause (a), the under- cause last.	DUE TO (c	o Boe	ck's SAA	ecoip			6	YKI OYR	<u> </u>
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STATEMENT BY LICENSED EMBALMER

If this body is not embalmed, fact should be so stated above.

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Signature of Student Embalmer	
	Licensed Embalmer No. 6 8 0 9
	P. O. Address 327 N Clay
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